



# Kansas Department of Health and Environment

## Long Term Care Program

# FACT SHEET

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**L PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET ADDRESS ABOVE.**

*The Long Term Care Program Fact Sheet is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, critical access hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning the nursing facility industry.*

### **Implementation of New Enforcement Action**

On December 15, KDHE was verbally notified by the Kansas City Regional Office that the Health Care Financing Administration was implementing the enforcement action related to G level deficiencies effective December 14, 1999. KDHE has not received operational instructions related to this new enforcement action. When this information is received, the professional associations will be notified.

### **Long Term Care Advisory Committee**

The bureau will place the date, time and location of the meetings on the Bureau of Health Facility Regulation website. The next meeting is scheduled for January 7, 2000 at Building 283, Forbes Field at 1:30 PM. The Medicaid Advisory Committee for the Kansas Department on Aging meets at the same place and day. The two agencies alternate which meeting is first. All Long Term Care Advisory Committee meetings are open to the public. For more information, please contact Patricia Maben at 785-296-1246.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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## **Semi-Annual Report and Statistical Report**

Enclosed with this Fact Sheet is the Long Term Care Semi-Annual Report for the 6 month reporting period of July 1 through December 31, 1999. **THE DEADLINE FOR FILING THIS REPORT IS JANUARY 21, 2000.** This report shall be filed with the Bureau of Health Facility Regulation, Kansas Department of Health and Environment. All **NURSING FACILITIES, ASSISTED LIVING FACILITIES, RESIDENTIAL HEALTH CARE FACILITIES, NURSING FACILITIES FOR MENTAL HEALTH, and INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED** are required to complete this report by indicating resident and employee data for the six month period July 1- December 31, 1999. Also enclosed is the Resident Statistical Report, reporting period ending December 31, 1999.

Refer questions regarding either of these forms to Patricia Maben, Director, Long Term Care Program, (785) 296-1246.

## **Inspector General's Draft Compliance Program Guidance for Nursing Facilities**

The Department of Health and Human Services' Office of Inspector General has developed a draft guidance to help nursing facilities design effective programs to prevent fraud, waste and abuse. The draft was published in the Federal Register on October 29, 1999. It is the belief of the Inspector General's office that prevention of fraud and abuse related to the Medicare/Medicaid programs is as important as enforcement.

To safeguard against inappropriate practices, the draft guidance contains specific recommendations related to good practices in nursing facilities. The draft guidance is available on the Health and Human Services website at [www.hhs.gov/oig](http://www.hhs.gov/oig). Click on "What's New" to access the notice. A link to the Federal Register website is also available on the same site.

## **Changes in MDS Transmission System**

In September, all Medicare/Medicaid certified nursing facilities received a notice from the Health Care Financing Administration concerning a change in the transmission process for MDS assessments to the state depository (Myers and Stauffer). Facilities must transition to the new system before or on January 1, 2000. Included with the mailing was a form which needed to be completed and returned in order for a user name and password to be issued. Last month fewer than 30% of the facilities in Kansas had completed this process. The Kansas MDS intranet website maintained by Myers and Stauffer has additional information.

## **MDS Correction Policy will be Revised**

The Health Care Financing Administration plans to revise the correction policy for MDS assessments submitted to the state depository. It is planned that the changes will occur April 1. Software vendors have been notified by HCFA of the changes. All MDS software should be updated before the April 1 implementation. A number of errors which are now warnings on the validation report will become fatal errors on April 1. Specific information concerning these changes will be available on the Kansas MDS intranet website.

## **Credentialing Update -**

### **CBC Update**

Since the beginning of the Criminal Background Check Program on July 1, 1998, 54,703 criminal background check requests have been processed. Certified Nurse Aides account for 32% of all requests, followed by food service workers at 18%, housekeeping staff at 12%, wellness staff at 8.3%, and Certified Medication Aides at 5.8%. Since July 1, 1998, the number of individuals identified with arrest or conviction information is 10,579, for an overall percentage rate of 19%.

A total of 247 "Notices of Employment Prohibition" has been issued since the law went into effect. Convictions of aggravated assault and aggravated battery account for 26% of the offenses committed by those individuals who have

been prohibited, followed by sexual battery at 10%, aggravated robbery at 9% and indecent liberties with a child at 8%.

One of the benefits of the ACTION computer data management system is its report generating capability. A target date of January 1, 2000 is set for the Criminal Background Check Program to begin issuing a report which will list the individuals who have been processed for a criminal background check during the reporting period. This report is expected to be issued on a quarterly basis and will list those individuals processed during the three-month period. The results of the inquiry are not included on the report. If an individual is found to have a prohibited criminal conviction, a separate "Notice of Employment Prohibition" is sent directly to the administrator of the facility or facilities that submitted an inquiry on that individual. General program questions may be directed to Anna Housholder at (785) 296-0446; requests for forms may be directed to Sarita Everett at (785) 296-6958.

### **Adult Care Home Administrator Regulations Update**

Proposed revisions to the licensing regulations for adult care home administrators are progressing through administrative review. The proposed regulations have been approved by the Board of Adult Care Home Administrators and reviewed by KDHE staff and the Secretary. The Department of Administration is currently processing the regulations. A notice will be printed in the Kansas Register when a date is set for a public hearing. It is anticipated the public hearing will be held late spring 2000, with adoption of the regulations in the summer of 2000.

### **Certified Medication Aide Curriculum Update**

Revision of the certified medication aide curriculum began December 1, 1999. Eight committee members representing three healthcare associations and three educational institutions drafted a list of the competencies required for entry level as a certified medication aide. The list of competencies, which includes activities, knowledge and skills, will be used to develop a blueprint for a new curriculum and tests. The target date for completion of the new curriculum and tests is November 2000.

### **Kansas Nurse Aide Registry**

On November 29, 1999, the Kansas Nurse Aide Registry (KNAR) was upgraded to implement a new data management system called "ACTION." The KNAR was prepared to meet the millennium by offering faster response time, Y2K compliance, and centralized inquiry for training, certification, employment eligibility status, findings of abuse, prohibitions based on federal or state criminal convictions. The major benefit is that the call intake process time has been shortened, which enables the operator to take more calls on a daily basis. KNAR phone number: (785)-296-6877.

### **New Style Pocket Credential Cards**

Beginning in December 1999, a new style credential card will be issued to Adult Care Home Administrators, Dietitians, Speech-Language Pathologists, and Audiologists as well as certified nurse aides, medication aides, and home health aides. The cards are wallet-sized. The major difference is that the color of the cards is the same for all credential types. The type of credential is printed in large bold letters delineating the type of credential. Licensed health occupations (administrators, dietitians, speech-language pathologists, audiologists) are printed in **blue** ink while the CNAs, CMAs, HHAs are printed in **red** ink.

### **Certification Course Information & Reminders**

New forms: Some facilities are submitting out-dated forms. Please contact our office to make sure you have the newest forms (for example: instructor roster, identification form, record search, allied, and interstate applications, skills competency checklist for employment verification). You may check the HOC web site for many of the current forms at: [www.kdhe.state.ks.us/hoc](http://www.kdhe.state.ks.us/hoc).

If a student/aide trainee did not finish the course, please notify HOC **immediately**. Allowing students who have not successfully completed the course and related skills competency is in conflict with Kansas and federal regulations. This

can be done by phone at (785) 296-1250, fax at (785) 296-3075 or e-mail ([bguffey@kdhe.state.ks.us](mailto:bguffey@kdhe.state.ks.us)).

Proctor Needed: HOC is seeking an individual to serve as proctor to the CNA and HHA test administration in the Salina area. The person may NOT be affiliated with any portion of the course delivery. Contact Betty at (785) 206-1250.

Instructors of certification courses must assure that complete addresses are documented. If an incomplete address is on a roster, it slows down the process for everyone on that roster. Do **not** put social security numbers on the roster. The **identification number** is a number assigned by HOC.

### **CMA Update Process Change - Instructors Take Note!**

With the advent of the ACTION system, HOC is changing the method of submitting continuing education rosters and fees for updating CMA certification. Currently, instructors send rosters of those who have completed the course to HOC. HOC updates the individual's record, indicating completion of required continuing education. About a month before the expiration date of the individual's certificate, a notice is mailed along with an application form requesting the fee payment. Once the application and fee are returned, a new certificate is issued.

The **new** method, which will become effective January 1, 2000, requires that roster and fee payment be sent at the same time. This will reduce the number of returned notices. Upon receipt of the roster with the fees from each participant, the individuals' records are updated to reflect the fee payment and continuing education credit. If the individual's certificate has already expired, a new certificate will be generated and mailed immediately. Otherwise, about one week prior to the individual's certificate expiration date, a new certificate will be printed and mailed.

### **Initial KDHE Certificate for Certified Medication Aides**

Beginning January 3, 2000, HOC will issue an initial KDHE certificate to individuals upon completion of the 60-hour CMA course and verification by HOC that they have successfully completed the course and state test.

Wallet certificates will be mailed to the schools with the rosters upon verification by HOC. It will be the school's responsibility to distribute the certificates to successful candidates.

The KDHE certificate will be considered the official certificate for all medication aides who become certified on or after January 3, 2000. Medication aides who were certified prior to January 3, 2000 and have only a school-issued certificate may request a KDHE wallet certificate as an open records document for a fee of \$10.

There will be a two-year period of transition for this new process. Questions may be directed to Betty Domer at 785/296-1250 or e-mail [bguffey@kdhe.state.ks.us](mailto:bguffey@kdhe.state.ks.us).

### **Shigellosis and Campylobacter**

Since October, eight cases of Shigellosis have been confirmed one county in Kansas. None of the cases occurred in a long term care facility. Both of these bacteria can cause serious or fatal diseases for the elderly. Please review the following information.

- Transmission occurs by the fecal-oral route, usually through contaminated hands transmitting the bacteria to food or water.
- Unlike salmonella, which takes hundreds of microbes to spread disease, it only takes 10 microbes to spread Shigellosis.
- The incubation period ranges from 12 to 96 hours but may be as long as a week.
- Symptoms include diarrhea, fever, nausea, vomiting and abdominal cramps. Illness lasts four to seven

days, but occasionally longer.

- Proper handwashing is the best prevention of Shigellosis. (Antibacterial soap is not needed to properly wash hands.)

Campylobacter has only been known to cause illness in humans since the 1970's. Now, it is the number one cause of bacterial foodborne illness - causing illness in 2.5 million people yearly. Also, the bacteria is a major factor in Guillain-Barre syndrome.

- As many as 88 percent of poultry at the retail level test positive for Campylobacter. One drop of uncooked poultry "juice" is enough to cause illness.
- Incubation period is usually 2-5 days.
- Symptoms include diarrhea, perhaps with occult blood, fever, abdominal pain, nausea, headache and muscle pain. Illness generally lasts 7-10 days, but there is relapse in one-fourth of cases.
- Prevention includes properly washing hands and kitchen surfaces to avoid cross contamination and cooking poultry until a meat thermometer registers 165°F in the thickest part.

**ANE ISSUE STATISTICS 9/1/99 to 11/30/99**  
**Complaint Calls Assigned for Investigation**

ANE Investigations

Total 441

Sept 163

Oct 137

Care Issues Investigated

Total 412

Sept 159

Oct 133

*Licensure Category	Civil Penalties				Correction Orders			
	1999 Quarters							
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Inadequate or inappropriate hygiene and skin care	3	4	2		40	25	31	
Inadequate or unqualified staffing	5	-	0		29	3	1	
Inoperable or inaccessible call system	-	-	0		1	0	0	
Inappropriate or unauthorized use of restraints	-	-	0		2	2	0	
Unsafe medication administration or storage	-	-	3		2	2	8	
Inadequate nursing services other skin care	4	4	1		52	20	40	
Inadequate or inappropriate asepsis technique	-	-	0		1	0	0	
Inadequate or inappropriate dietary/nutritional services	-	-	1		16	17	17	
Unsafe storage or hazardous or toxic substances	-	-	0		0	0	0	
Failure to maintain equipment	-	-	0		7	0	0	
Resident right violations	-	-	0		13	9	18	
Unsafe high water temperature	-	-	0		0	0	0	
Inadequate hot water	-	-	0		0	0	0	
General sanitation and safety	-	3	5		6	24	35	
Other (including inappropriate admission)	-	-	0		0	1	1	
Inadequate rehabilitation services	-	-	0		9	12	10	
Civil Penalties	6	9	11					
Correction Orders					63	66	71	
Bans on Admission	0	1	3					
Denials	0	0	0					

\*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.